

New Jersey Local Boards of Health Association



Board of Health Member Orientation Manual

*A Guide to
Roles and
Responsibilities*

**In Cooperation with
New Jersey Health Officer Association**



WWW.NJLBHA.ORG

New Jersey Local Boards of Health Association

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CONGRATULATIONS!

You are a vital member of the nation's Public Health system. You and thousands of other volunteer local Board of Health members provide the necessary guidance, oversight and leadership for your local Health Departments. This role is important because it is up to you and your fellow board members to make sure that the health needs of your community are met.

Public Health and private health are areas that overlap to a considerable degree. Public Health is the science and art of preventing disease, prolonging life and promoting health and human efficiency, through organized community efforts.

Public Health efforts are directed toward the health of a community, whereas private health efforts are directed toward the health of individuals. Modern Public Health practice involves many different health services. This includes programs that focus on health promotion, treatment of illness, rehabilitation and disease prevention and control. It also involves the collection, analysis and use of vital health data to establish or influence public policy.

Public Health may be environmental or personal. Environmental health is the branch of Public Health that is concerned with all aspects of the natural and built environment that may affect human health. This includes programs that focus on disease control, sanitation and hygiene, and the elimination of exposure to toxins in the air, water, soil, food, workplace, schools and homes. Other Public Health programs are designed to provide individual immunization against communicable diseases, improve health behaviors, provide adequate nutrition and offer maternal and child health care. Some examples of these activities include well baby clinics, special screening programs to aid in the early detection of disease, and immunization campaigns that are designed to decrease the incidence of disease.

Public Health includes promotion of healthy behaviors. Programs focus on problems ranging from smoking and substance abuse to benefits of exercise, personal hygiene and the use of seat belts.

The following information has been designed to assist you in understanding your roles, responsibilities, and authorities as a member of a Local Board of Health. We urge you not only to master the information included here, but also to budget for and attend training sessions offered by the New Jersey Local Boards of Health Association (NJLBHA) that will assist you in the continuing development of your knowledge base and leadership skills.

We would like to thank the members of the New Jersey Health Officers Association for their invaluable input, perspective, and assistance in developing this manual.



CORE FUNCTIONS. The three core functions of Public Health, as defined by the National Institutes of Health in 1998, are assessment, assurance and policy development.

Assessment

- Monitoring health status in order to identify health issues within the community.
- Investigation/diagnosis of health issues and hazards within the community.
- Evaluation of the effectiveness, accessibility, and quality of the health services within the community.

Assurance

- Assures that the community can count on a competent public and personal care workforce.
- Links people to personal health services and provides these services and health care when it is otherwise not available (e.g., Public Health clinics).
- Informs and educates people about health issues and empowers them to take control of their own health.
- Mobilizes community partnerships in order to identify and solve health problems.

Policy Development

- Develop policies and plans that support health efforts on both individual and community levels.
- Enforce laws and regulations that protect health and ensure safety.
- Research new insights and innovate solutions to health problems.

ESSENTIAL PUBLIC HEALTH SERVICES. These tasks further define the core functions and serve as the basis of the New Jersey Public Health Practice Standards.

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent Public Health and personal health care workforce.
- Evaluate effectiveness, accessibility and quality of personal and population-based health services.
- Conduct research for new insights and innovative solutions to health problems.

WHAT IS A BOARD OF HEALTH? A Board of Health sets policies, appoints the Health Officer and hires employees of the Health Department. The Board also reviews all staff reports. A Board works with the Health Officer to assure that organizational activities are in alignment with the needs of the community. They should be the primary proponents of funding for public health purposes. To be effective, the Health Department and the Board should have a purpose and a specific set of goals for the successful performance of the agency.

THREE TYPES OF BOARDS. A Board of Health may be an Autonomous Board, an Advisory Board or a function of the Governing Body.

1. Autonomous Board

- Appointed by the Mayor/Governing Body.
- Makes policy decisions regarding purposes, functions, goals and activities.
- Selects, employs and evaluates the Health Officer, who reports to the Board and is responsible to it.
- Passes ordinances.
- Establishes a budget based on recommendations of the Health Officer and available funds as allocated by the Governing Body.

2. Advisory Board

- Appointed by the Mayor/Governing Body.
- Primarily gives advice and makes recommendations on Public Health matters to the governing body, which serves as the Board of Health.
- The Advisory Board does not appoint the Health Department staff. However, the Health Officer works with the members of the Advisory Board to assist in the development of policy and program recommendations.
- Cannot pass ordinances.

3. Governing Body

- The governing body serves as the local Board of Health, under the Faulkner Act. Certain municipalities are allowed to use this option.
- The governing body must go out of session as the municipal government, and go back into session as the local Board of Health. All Sunshine Law requirements remain the same. Powers and authority are the same as the Autonomous Board above.

FIVE FUNCTIONS OF A BOARD. The functions of a Board of Health are administration, program planning, evaluation of organizational effectiveness, financial stewardship and representation of the interests of the citizens.

1. Administration: The Board defines the organization's purpose by establishing a clear statement of mission.

- Determines policy of the organization
- Appoints the Health Officer.
- Evaluates the Health Officer's performance regularly.
- Establishes compensation and conditions of employment.

2. Program Planning: Based on the mission statement, the Board determines activities that will support the mission of the Health Department and the health of the community.

- The board reviews specified needs to be addressed and target populations to be served.
- Reviews goals and objectives in order to be addressed and target populations to be served.

3. Evaluation of Organizational Effectiveness: The Board regularly evaluates the progress of the Health Department toward meeting overall objectives.

- Reviews the achievement of the overall mission.
- Evaluates the response to new situations.
- Consults with the Health Officer on long range planning based on the Public Health needs of the community.

4. Financial Stewardship: The board must take a lead in the development of financial resources.

- Advocates for appropriate funding for Health Department activities.
- Develops realistic budget to support the program plan.
- Recommends the budget annually, and approves bills.
- May reallocate adopted budget as needed to meet changing Public Health priorities.

5. Represents the interests of the citizens. The board represents the public interest. .

- Represents the Health Department to the community.
- Represents community interests to the Health Department.

EXPECTATIONS. The relationship between a Board of Health and its Health Officer should be collaborative and collegial. Communication is key in developing and fostering this relationship. The Board relies on its Health Officer, for technical and leadership abilities. The Health Officer's advice on Public Health issues is crucial to the Board's determination of policy.

Whether the Board has its own Health Department or contracts with a county or regional Health Department, it is crucial that the Health Officer attends Board of Health meetings and provides comprehensive reports on Health Department activities in your community.

The day-to-day operations of the department are not the responsibility of the Board, but rather of the Health Officer whom they have appointed. In turn, the members of the Board of Health have the overall responsibility to ensure that health services are delivered to their community and should make every effort to support the Health Officer in achieving the established goals. One key area where a Board of Health can support the Health Department and its staff is in lobbying the governing body for adequate financial support for the Health Department and health programs. Board members serve as the eyes and ears of the community and assist in identifying needed programs within the community.

Many Boards of Health also hire their own attorney, who attends their regular meetings and advises the board on legal issues. This is particularly valuable when residents or businesses are seeking exceptions to Public Health practices, appealing the failure of the Health Department to issue a license or seeking reinstatement of a revoked license. The Health Officer should have access to the Board attorney on a regular basis to assist in the operation of the department.

A HEALTH OFFICER EXPECTS A BOARD WILL:

- Council and advise using professional expertise and familiarity with the community.
- Consult with the Health Officer on issues the board is considering.
- Delegate responsibility for all administrative functions and refrain from micromanaging administrative details.
- Share all communications with the Health Officer.
- Support the Health Officer and staff in carrying out their professional duties.
- Support the Health Officer in all decisions and actions consistent with policies of the board and the standards of the agency.
- Hold the Health Officer accountable for the supervision of the agency, recognizing that agency staff is responsible to the Health Officer.
- Evaluate and recognize the work of the Health Officer.
- Establish Public Health policy.
- Assist in budget development and advocacy.
- Establish clear lines of communication with the Health Officer and be available for consultation.
- Attend training designed for members of local Boards of Health, at least annually.

A BOARD EXPECTS ITS HEALTH OFFICER WILL:

- Serve as Chief Executive of the Health Department.
- Advise the Board on issues under discussion.
- Develop and recommend policies for consideration.
- Effectively implement Board policies.
- Keep the board informed fully and accurately on activities of the agency.
- Make professional recommendations on all problems and issues being considered by the board.
- Develop the agency budget in consultation with the Board and keep the Board advised of budget problems.
- Recruit and retain the most competent personnel and supervise accordingly.
- Devote time to professional development for the staff and Health Officer.
- Attend all Board of Health meetings.
- Operate the agency in compliance with New Jersey Public Health Practice Standards.
- Maintain staff certification and participate along with staff in continuing education.

PUBLIC HEALTH PRACTICE STANDARDS OF PERFORMANCE FOR LOCAL BOARDS OF HEALTH IN NEW JERSEY N.J.S.A. 26:1A-15 and 26:3A2-1 et seq. Every board member should have a copy of these standards. If you do not have one you will find them on the New Jersey Local Boards of Health Association website www.njlbha.org. The following is a brief summary of these standards.

Each New Jersey Local Board of Health shall:

- Ensure that there is a mechanism that provides leadership to develop partnerships with community organizations and/or agencies which have a demonstrable affect on, or compelling interest in, the health status of the population in accordance with N.J.A.C. 8:52-9.2.
- Ensure representation in the planning process to develop the Community Health Improvement Plan as set forth at N.J.A.C. 8:52-9.2.
- Ensure the development of local policies and programs that are consistent with the Community Health Improvement Plan as set forth at N.J.A.C. 8:52-11.2.
- Ensure that Public Health staff, in addition to meeting the requirements for licensure, certification, or authorization, possess or are actively pursuing training for the skills necessary to provide each of the “10Essential Public Health services” as set forth at N.J.A.C. 8:52-3.2(a)1 through 10.

- Assure that Public Health policies promote and support the population's health and safety goals identified in the health improvement strategies that were developed through the countywide or multi-countywide Community Health Improvement Plan and incorporate by reference prior planning information obtained through other processes.
- Ensure that there is a mechanism to guide the development of the Community Health Improvement Plan.
- Ensure the enforcement of the provisions of the State Sanitary Code.
- Consult with the health officer during the development of any new Public Health ordinances or amendments to any existing Public Health ordinances. The health officer or his or her designee shall attend all public hearings held regarding new or amended ordinances that affect the practice of Public Health within his or her jurisdiction.
- Conduct a sanitation and safety program at public bathing places (that is, swimming pools, lakes, rivers and ocean bathing places), based upon the current Recreational Bathing" regulations contained in the State Sanitary Code (see N.J.A.C. 8:26).
- Conduct a sanitation and safety program for campgrounds based upon State law and Chapter 11 of the State Sanitary Code (N.J.A.C. 8:22-1).
- Conduct a youth camp sanitation and safety program (N.J.A.C. 8:25).
- Maintain surveillance of retail food establishments, and food and beverage vending machines.
- Conduct an occupational health program.
- Conduct a Public Health nuisance program.
- Conduct a program for the surveillance, investigation and control of reportable diseases.
- Promote and provide immunizations for protection against childhood vaccine preventable diseases.
- Conduct a program for the control of rabies and other zoonoses.
- Control sexually transmitted diseases.
- Administer a planned program to prevent and control HIV infection.
- Provide health supervision for infants and preschool children.
- Provide for the prevention and control of lead poisoning in young children.
- Reduce infant mortality by improving access to prenatal care and related services in accordance with guidelines established by the Department of Health and Senior Services.
- Provide cancer prevention for populations at high risk.
- Provide for diabetes education services.
- Provide cardiovascular disease control services.
- Provide for a health program at locations selected by the health department which identifies the health needs of adults 65 and older.

BOARD MEMBER RESPONSIBILITIES. The responsibilities of a local board member are varied. With the advice and consultation of your Health Officer, you may be required to make decisions about environmental Public Health matters, learn about and approve health education programs, decide what clinical services are needed and can be provided, work with community leaders, act as a liaison between the health department and the public, advise a governing body on effective Public Health policy, propose health-related ordinances, and approve financial budgets and expenditures.

AS A BOARD MEMBER YOU SHOULD:

1. BE INFORMED

- Know what your board is about and what its mission is to your community.
- Become familiar with the guidelines and rules that govern the department and the board.
- Become familiar with all of the programs and services provided.
- Spend time with your Health Officer to learn his/her goals and roles.

2. PROMOTE SERVICES

- Evaluate what is being done to inform the community.
- Create a marketing plan in conjunction with the Health Officer, suitable to local Health Department resources.
- Refer to the 10 Essential Public Health Services in your decision making process.

3. BE COMMUNITY CONSCIOUS

- Identify community needs and offer programs that are tailored to those needs.
- Educate yourself about the needs of the people served.
- Represent the health district to the public and to private entities when authorized.

4. ATTEND MEETINGS

- Regularly attend meetings as scheduled.
- Attend standing committee meetings, if a member.
- Participate as an ad hoc committee member, if appointed.
- Attend board retreats, in-service workshops and other board development activities.
- Attend and participate in special events as needed.
- Be well informed on issues and agenda items in advance of meetings.

5. KNOW YOUR OBLIGATIONS

- Establish policy.
- Hire, supervise and evaluate the Health Officer.
- Monitor finances.
- Maintain and update long-range plans with the Health Officer.

6. DUTIES

- Attend meetings and show commitment to board activities.
- Contribute skills, knowledge and experience when appropriate.
- Listen respectfully to other points of view; however, speak out on issues you do not favor. Silence is often interpreted as consent.
- Participate in Board decision making.
- Assume leadership roles in all board activities, including identification of current and potential sources of funding.

CHECKLISTS

QUESTIONS BOARD MEMBERS SHOULD ASK THEMSELVES

- Do you budget for basic training and attend training?
- Does your board devote most of its time to developing and setting policies for your agency/ is your policy manual current?
- Does your board have working committees to initiate and monitor much of the board's work?
- Does a current job description exist for your board members?
- Does your board have a systematic planning process?
- Is your board knowledgeable about current issues in public health?
- Does your board have a mission statement?
- Do your board members understand their responsibility for the finances of your organization?
- Are your bylaws reviewed regularly and do you operate in accordance with them?
- Are relationships between Board Members and Health Officers characterized by openness, trust and mutual respect?

QUESTIONS A BOARD SHOULD ASK ITSELF

- What do we want to accomplish? (Setting policy and establishing goals)
- What is the road map to follow? (Defining mission, formulating guidelines, making plans, suggesting alternatives)
- How will we pay for it? (Budgeting)
- How do we reach our goals? (Establishing priorities, delegating responsibilities)
- Did we succeed or fail? (Evaluating)

GOVERNMENTAL PUBLIC HEALTH PARTNERSHIP/COMMUNITY HEALTH IMPROVEMENT PLAN.

Every Board of Health has the responsibility to encourage and enable participation by its Health Officer and staff in countywide or multi-countywide planning through a Governmental Public Health Partnership (GPHP), in accordance with the requirements of the New Jersey Public Health Practice Standards.

The GPHP has the major responsibility of convening key individuals and agencies with an interest in Public Health to perform a formal community health assessment, which determines the health status and quality of life of the community. The assessment identifies Public Health priorities, assesses the community's capacity to address Public Health and social service needs, and allows for statewide comparability. The assessment also identifies those populations, if any, who are underserved by providers in that community and provides information about resource distribution and costs.

The completion of the assessment leads to the development of a Community Health Improvement Plan (CHIP), a formal written plan that identifies priority health issues and includes the roles and responsibilities of all participants as well as a mechanism for accountability for agreed upon goals, objectives and services.

The CHIP process is an ambitious and bold effort at community engagement for a common good. No single organization has the depth of resources needed to raise community health to an optimal level or even to maintain it at its current level. The CHIP process is based on the idea that through collaboration and synergy, two plus two will equal a great deal more than four. Another important feature of the CHIP is that the plan arises out of the community, which then has a greater investment in its implementation.

COMMON PUBLIC HEALTH ACRONYMS

ANR American Nonsmokers' Rights Foundation

APEX-CPH Assessment and Planning Excellence Through Community Partners for Health; an assessment tool

APHA American Public Health Association

ASTHO Association of State and Territorial Health Officials

BT Bioterrorism

CART County Animal Rescue Team

CERT County Emergency Response Team

CDC Centers for Disease Control and Prevention

CHIP Community Health Improvement Plan

CHSI Community Health Status Indicators

DHHS Department of Health and Human Services

EH Environmental Health

FEMA Federal Emergency Management Act

HAN Health Alert Network

HRSA Health Resources and Services Administration

ICS Incident Command System

LBOH Local Board of Health

MAPP Mobilizing Action through Planning and Partnerships

NACCHO National Association of County and City Health Officials

NCEH National Center for Environmental Health

NCI National Cancer Institute

NJDEP New Jersey Department of Environmental Protection

NJ HOA New Jersey Health Officers Association

NJDHSS New Jersey Department of Health and Senior Services

NJLBHA New Jersey Local Boards of Health Association

NPHPSP National Public Health Performance Standards Program

NJ GASP Global Advisors on Smoke Free Policy

NJ LINC New Jersey Local Information Network and Communications System

OSHA Occupational Safety and Health Administration

PACE EH Protocol for Assessing Community Excellence In Environmental Health

PEOSH Public Employees Occupational Safety and Health Program.

PHACE the Public Health Associations' Collaborative Effort, is comprised of the leadership of New Jersey's seven recognized Public Health Associations (New Jersey Public Health Association, New Jersey Health Officers Associations, New Jersey Environmental Health Associations, New Jersey Association of Public Health Nurse Administrators, New Jersey Society for Public Health Education, New Jersey Local Boards of Health Association), with representatives of the New Jersey State Department of Health and Senior Services as liaisons

PHF Public Health Foundation

PHI Public Health Institute

PHPF Public Health Priority Funding

PHPPPO Public Health Program Practice Office

SOPHE Society for Public Health Education

USDA United States Department of Agriculture

WHO World Health Organization

WIC Women, Infants, and Children (Program)

COMMON PUBLIC HEALTH TERMS

Assessment: Regular and systematic collection, assembly, analysis and the availability of community health information.

Assurance: Public Health agencies assure that necessary services are provided to achieve community goals and objectives for healthy people.

Capacity Standards: Statements of what Public Health agencies must do as part of ongoing daily operations to adequately protect and promote health, prevent disease, injury and premature death.

Chlamydia: A sexually transmitted disease transmitted by a particular microorganism.

Core Functions: The three basic functions of the Public Health system: assessment, policy development and assurance.

E-coli: common species of bacteria that occasionally results in gastrointestinal disease.

Environmental Health: An organized community effort to minimize the public's exposure to environmental hazards and preventing transmission of disease or effect of injury agent.

Epidemic: The occurrence in a community or region of disease cases in excess of expectancy.

Epidemiology: The study of diseases and injuries in the human population, their distribution and determinants.

Fee-for-service: A charge made for each unit of health service, usually set by the provider. Some services fees may be controlled by the state. Fees for state mandated programs are determined by cost methodology set by the state.

Food Borne Illness: Illness caused by the transfer of disease organisms or toxins from food to humans.

Groundwater: Water beneath the earth's surface between saturated soil and rock that supplies wells and springs.

Healthy People 2010: A prevention initiative that presents a national strategy for improving the health of the American people.

Human Immunodeficiency Virus: The retrovirus (an RNA based virus) that causes AIDS.

Incidence: The number of new cases of a specific disease diagnosed or reported during a defined period of time.

Infectious Disease: A disease caused by organism that cause infection in a human host and may be communicable (contagious) to other persons, animals or through other intermediaries.

Local Board of Health: Governing or advisory bodies who are appointed to protect and improve the health of the community.

Managed Care: Health care provided within a system using a defined network of providers.

Medicaid: A federal program authorized under Title XIX of the Social Security Act to provide medical services to clients who meet eligibility requirements.

Medicare: Federal insurance program covering delivery of medical services to people ages 65 and older.

Morbidity: The rate of incidence of disease or the state of being diseased.

Mortality: The rate of death attributable to a disease or the state of being deceased.

Outcome Standards: Long-term objectives that define optimal, measurable future levels of health status, maximum acceptable levels of disease, injury or dysfunction or prevalence of risk factors.

Pandemic: an epidemic of infectious disease that is spreading through human populations across a large region; for instance a continent, or even worldwide.

Particulate Matter: Matter in the form of small liquid or solid particles.

Point Source: Sources of pollution that can be readily identified because of their location of origin.

Policy Development: The process whereby Public Health agencies evaluate and determine health needs and the best way to address them.

Population-based: Pertaining to the entire population in a particular area.

Prevalence: The total number of cases of a disease in a given population at a specific time.

Prevention: Actions taken to detect and reduce susceptibility or exposure to health problems.

Promotion: Health education and the fostering of healthy living conditions and lifestyles.

Public Health: Prevention of disease, injury or disability and promotion of good physical and mental health.

Public Health District/Department: Local (county, city, combined city-county or multi-county) health agency with oversight and direction from local Boards of Health that provide health services throughout the defined geographic area.

Quality Assurance: Monitoring and maintaining the quality of Public Health services through licensing.

NEW JERSEY LOCAL BOARDS OF HEALTH ASSOCIATION MEMBERSHIP INFORMATION

Why was NJLBHA formed?

Local Boards of Health in New Jersey are responsible for ensuring the development and implementation of Public Health policy and programs in each of our communities. There was a need for a mechanism to bring local Public Health concerns to the attention of those who are responsible for development of state and national policy. In addition, Local Boards of Health need a medium for communicating with each other and for accessing information and training that will improve their ability to lead their communities toward improved health. The New Jersey Local Boards of Health Association was formed to meet those needs.

Membership in NJLBHA will also help you in fulfilling your responsibilities as a public official addressing the ever-increasing barrage of Public Health problems. Issues such as AIDS, Lyme Disease, tobacco control, drug resistant TB, groundwater contamination, emerging pathogens, Public Health preparedness and environmental issues are some of the issues that **you**, as Local Board of Health members, must address.

Special Events

NJLBHA joins with other key health organizations to bring you special programs and meetings.

Education and Workshops

NJLBHA provides unique learning opportunities geared to the needs of Local Board of Health members. In addition to our meetings, we offer an orientation program for new Board Members, a Board Member certification program, and an annual conference, designed for members of Local Boards of Health, presenting experts on current Public Health issues.

Advocacy

We serve as your voice on the state and national level. We represent your views on the Public Health issues facing us. The needs of Local Boards of Health are now being represented by NJLBHA at the Executive and Legislative branches of state government and to our Congressional representatives.

Forum for Ideas

Through programs, workshops and our newsletter, NJLBHA provides opportunities for members of Local Boards of Health, other community leaders and health professionals to meet and exchange ideas.

Publications

The NJBHA Newsletter is published quarterly and disseminated to health leaders throughout the state. Special mailings are sent out as needed on issues of particular significance.

Affiliations

In addition to the Executive Board members you elect to represent you, we are pleased to have non-voting members on the Executive Board representing the New Jersey Public Health Council, the New Jersey Association of Public Health Nurse Administrators, the New Jersey Health Officers Association, the Society for Professional Health Education and the New Jersey Public Health Association.

Grants

Membership involvement and commitment is important when pursuing grants. With grants we increase the scope of membership benefits and create leadership opportunities for Local Boards of Health.

OUR GOALS

*To protect and preserve the
Public Health*

*To increase the level of public
health awareness among local,
county and state officials and
among the general public*

*To help the State's Local
Boards of Health in meeting
their responsibilities*

*To promote regional cooperation
on Public Health concerns*

*To seek a rational Public Health consensus to guide the formulation of
public policy and advocate a body of law designed to facilitate the
protection and preservation of the public health*

Yes, count me (us) in as a part of the Association that gives New Jersey's Boards of Health and their members a voice in Trenton, a way to communicate among ourselves, a force for progress in Public Health and more knowledge for board members.

Full Board, Regular Membership \$95. Board membership is open to municipal, county and regional Boards of Health. All board members are included for the calendar year.

Individual, Regular Membership \$20. Individual membership is open to current members of municipal, county or regional boards of health whose full board is not a member.

Individual, Associate Membership \$20. Associate membership is open to past Board of Health members, students, or other individuals interested in public health. This is a non-voting membership.

Institutional Membership \$95. Institutional membership is open to organizations, including environmental groups, planning boards, or other municipal or county agencies, committees, commissions, or councils. This is a non-voting membership.

Board: _____

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